

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-a

CERTIFICATE OF DEATH

Reg. Dist. No. 11889 518

1. PLACE OF DEATH:

County Calvert
City or town Huntingtown (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Calvert
City or town Huntingtown (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2. (a) If veteran, name war no

3. (a) FULL NAME

Edgar Parsons Beck

3. (b) Social Security Number

no

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Elizabeth Hance
6. (c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1864

8. AGE: Year 82 Months 1 Day 9 If less than one day hrs. min.

9. Birthplace Kent County, Md
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name Edgar P. Beck

13. Birthplace Kent Co., Md

14. Maiden name Alphonse Parsons

15. Birthplace Kent Co., Md

16. Informant Mrs Alphonse Parsons

Address Huntingtown, Md

17. Burial Date thereof Dec. 5, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory All Saints

Location Sunderland, Md

18. Funeral director A. G. Hackmuss & Son

Address Mutual, Md

19. 12-5 46 H. W. Evans
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3, 1946 at 10 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 17, 1946 to Dec 3, 1946

and that I last saw him alive on Dec 3, 1946

Immediate cause of death Heart

Other conditions Accidental fall, cont. 50.

Due to Arteriosclerosis, Coronary Disease

Due to fractured hip + forearm

Other conditions Accidental fall, cont. 50.

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of November 18, 1946

Where did injury occur? Huntingtown Calvert Maryland
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Accidental fall Injured at work?

23. SIGNATURE Page J. J. M. D. or other

Address Mutual Date signed 12/4/46

MARGIN RESERVED FOR BINDING

9-45-15M

VS 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 6 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

CERTIFICATE OF DEATH

85

11890

Reg. Dist. No. 210

1. PLACE OF DEATH:

County Calvert Hospital
 City or town Prince Frederick, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sam Brown.

3. (b) Social Security Number

4. Sex

m.

5. Color or race

C.

6. (a) Single, married, widowed, or divorced

x

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

Sept, 1870

8. AGE:

Years

Months

Days

If less than one day

76

..... hrs. min.

9. Birthplace Md.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER

12. Name

Joseph Brown.

13. Birthplace

Md

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Irvine Brown.

Address

Willows.

17.

(Burial, cremation, or removal. Which?)

Date thereof

12-29-46
(month) (day) (year)

Cemetery or crematory

Edmonds.

Location

Calvert.

18. Funeral director

P.E. Seewell.

Address

Prince Frederick, Md

19.

12-28
(Date rec'd by registrar)

19.

46Dr. W. W. Ward
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Calvert.

City or town

Willows

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

12-26

19.

46

at

19.

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.

to

19.

and that I last saw h..... alive on

19.

Immediate cause of death

DURATION

Due to

Coronary Thrombosis

Due to

Hypertension 20.0

Due to

Chronic pyelitis (enlarged)

Other conditions

Chronic pyelitis (enlarged)

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Dr. W. W. Ward

Date signed

12/28/46

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-2)

CERTIFICATE OF DEATH

11891 90

Reg. Diat. No. 570

1. PLACE OF DEATH:

County CalvertCity or town Costers
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County CalvertCity or town Costers
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2. (a) If veteran, name war No

3. (a) FULL NAME

James A. Coster

3. (b) Social Security Number

No

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Mary S. Coster6. (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.)

May 31, 1871

8. AGE:

Years

Months

Days

If less than one day

75629

hrs.

min.

9. Birthplace

Calvert Co., Ind
(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

FATHER

12. Name

James A. Coster

13. Birthplace

Ind

MOTHER

14. Maiden name

Sarah E. Carr

15. Birthplace

Ind

16. Informant

Mrs Mary S. Coster

Address

Costers, Ind

17.

(Burial, cremation, or removal, Which?)

Burial

Date thereof

Jan 2, 1947
(month) (day) (year)

Cemetary or crematory

St. Paul's

Location

Lucy, Ind.

18. Funeral director

O. B. Harkness & Son

Address

Mutual, Ind

19.

(Date rec'd by registrar)

12-211946H. W. Ware

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1946, at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 1946 to Dec 30 1946and that I last saw him alive on Dec 30 1946

Immediate cause of death

Heart (Coronary) Failure

DURATION

Due to

Malnutrition (self)

Due to

Hearting

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 12/31

RECEIVED

JAN 4 1947

BUREAU OF

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write the correct age in the correct age margin reserved for binding. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15a

CERTIFICATE OF DEATH

11892

Reg. Dist. No. 522

1. PLACE OF DEATH:

County Calvert
 City or town Sunderland
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert
 City or town Sunderland
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John L. Gibson

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced S.

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 1876 6. (c) If alive, give age years

8. AGE: Years 70 Months Days If less than one day hrs. min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation Treasurer

11. Industry or business

FATHER 12. Name Samuel L. Gibson
 13. Birthplace Md.

MOTHER 14. Maiden name Margaret Ann Lyons
 15. Birthplace Md.

16. Informant Mr. Barton Gibson
 Address Huntington, Maryland

17. Burial Date thereof Dec. 15, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CalvaryLocation Huntington, Maryland

18. Funeral director Wm. H. Hutchins
 Address Owings, Maryland

19. Dec. 14 1946 Grace L. Hutchins
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13, 1946 at 2:45p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1945 to Dec. 13 1946
 and that I last saw him alive on Dec. 13 1946

Immediate cause of death

DURATION

Auricular fibrillation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or other

Address [Signature] Date signed 28 Dec 46

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DEC 30 1946
BUREAU V.S.

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1189318

1. PLACE OF DEATH:

County CabotCity or town Brownsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County CabotCity or town Brownsville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war No

3. (a) FULL NAME

Sarah Ellen Gibson

3. (b) Social Security Number

no

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

John W. Gibson6. (c) If alive, give age 61 years

7. Birth date of

deceased (mo., day, yr.)

April 30, 1886

8. AGE:

Years

Months

Days

If less than one day

60714

hrs.

min.

9. Birthplace

Cabot Co., Ind
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name

William Horseman

13. Birthplace

Ind

MOTHER

14. Maiden name

Sarah Jane Horseman

15. Birthplace

Ind

16. Informant

John W. Gibson

Address

Brownsville

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

Dec. 17, 1946
(month) (day) (year)

Cemetery or crematory

Brownsville

Location

Brownsville

18. Funeral director

O. C. Hachman & Son

Address

Mutual, Ind

19.

12. 16
(Date rec'd by registrar)4thR. W. Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 14, 1946 at 2:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 14 1946

and that I last saw him alive on

Dec 14 1946

Immediate cause of death

(Coughing)

DURATION

Pulmonary Tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Ed. Williams

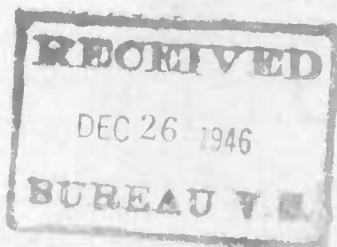
M. D. or other

Address

Prince & Son

Date signed

Dec 16/46



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

Reg. Dist. No. 510

1. PLACE OF DEATH

County Calvert
 City or town Adelina
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

7

5. Color or race

c

6. (a) Single, married, widowed, or divorced

m

6. (b) Name of husband or wife

John Gray

7. Birth date of deceased (mo., day, yr.)

Mar. 15, 1876

8. AGE:

Years

Months

Days

It less than one day

70

hrs.

min.

9. Birthplace

Island Creek, Md.
(Town, county, and state)

10. Usual occupation

House work

11. Industry or business

FATHER

12. Name

John Murray

13. Birthplace

Md

14. Maiden name

Kate Bristol

15. Birthplace

16. Informant

Joe White

Address

Adelina, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Dec. 22, 1946
(month) (day) (year)

Cemetery or crematory

Carrolls

Location

Bartons, Md.

18. Funeral director

Funerary Service

Address

Dares, Md.

19.

12-20-46

19 46

H. W. Ward
Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Calvert

City or town

Adelina

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

12/20

19

46

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him

alive on

19

Immediately cause of death

Cerebral hemorrhage

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. W. Ward
Dec 20 1946
H. W. Ward
12/20/46

M. D. or other

Address

Date signed

12/20/46

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9)

CERTIFICATE OF DEATH

11895 89

Reg. Dist. No. 510

1. PLACE OF DEATH

County Cabot
 City or town Bromus Island
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Ind County Cabot
 City or town Bromus Island
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____ (If rural, give LOCATION)
 2. (a) If veteran, name war Ind

3. (a) FULL NAME

Charles

3. (b) Social Security Number

212-05-6134

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Blanche Heidrich
 6. (c) If alive, give age 50 years
 7. Birth date of deceased (mo., day, yr.) Dec. 23, 1881

8. AGE: Years 65 Months 0 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Ind
 (Town, county, and state)

10. Usual occupation Foreman - East Ebe. Co.

11. Industry or business

FATHER 12. Name Louis M. Heidrich
 13. Birthplace Ind

MOTHER 14. Maiden name Matilda Lemick
 15. Birthplace Ind

16. Informant Blanche Heidrich
 Address Bromus Island

17. Burial Date thereof Jan. 2, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Water's Memorial
 Location Island Creek, Ind

18. Funeral director G. G. Hackmest & Son
 Address Mutual, Ind

19. 12-31, 1946 H. W. Ware
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31, 1946 at 1:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____
 and that I last saw him _____ alive on _____ 19____

Immediate cause of death myocardial infarction of the heart

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Page 123

M. D. or other _____

Address Page 123 Date signed 12/31

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11896

91

Reg. Dist. No. 510

1. PLACE OF DEATH:

County CalvertCity or town St. Leonards, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Daniel T. Johnson.

3. (b) Social Security Number

4. Sex

m.

5. Color or race

C

6. (a) Single, married, widowed, or divorced

X

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Dec. 19 - 1883

8. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

63

hrs.

min.

8. Birthplace Md.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER
MOTHER

12. Name

William B. Johnson

13. Birthplace

Md.

14. Maiden name

Rachel Brown

15. Birthplace

Md.

16. Informant

James Butler

Address

St. Leonards Md.

17.

Burial

Date thereof

1 - 1 - 47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Brooks Chapel

Location

Calvert

18. Funeral director

P. E. Sewell

Address

Prince Frederick Md

19.

12-3119 46N. W. Ward

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Calvert

City or town

St. Leonards, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

12-3019 46

at

7 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him

alive on19

Immediate cause of death

Acute diphtheria

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

12/30/46

RECEIVED

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1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11897

3/

CERTIFICATE OF DEATH

Reg. Dist. No. 330

1. PLACE OF DEATH

County CalvertCity or town W. Beach
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new born infants give residence of mother)

State MD County CalvertCity or town W. Beach
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Olivia Pauline Tanner

3. (b) Social Security Number

4. Sex 7 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) 1890

6. (c) If alive, give age _____ years

8. AGE: Years 56 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace MD
(Town, county, and state)10. Usual occupation domestic

11. Industry or business _____

FATHER

12. Name unknown

13. Birthplace _____

14. Maiden name Olivia Barber15. Birthplace MD16. Informant Mrs Preston KingAddress Sunderland, MD17. Burial, cremation, or removal. Which? Burial Date thereof 1-1-47
(month) (day) (year)Cemetery or crematory All SaintsLocation Sunderland, MD18. Funeral director W. H. HutchinsAddress Bowling, MD19. Dec 30 1946 W. H. Hutchins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/30 1946 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1946 to 1947and that I last saw him alive on 1946Immediate cause of death acute dilatation of

DURATION

heart 48 hrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

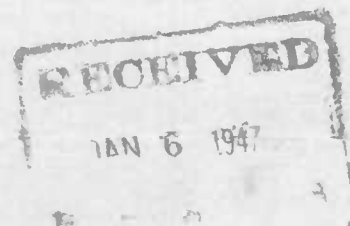
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. H. Hutchins M.D. or other _____Address Bowling, MD Date signed 12/28/46



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1890	1942
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore (134)

CERTIFICATE OF DEATH

★ 11898
Reg. Dist. No. 510

1. PLACE OF DEATH:

County Cabert
City or town Bromus Island
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Cabert
City or town Bromus Island
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2. (a) If veteran, name war No

3. (a) FULL NAME

Fannie Virginia Minter

3. (b) Social Security Number

No

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife George E. Minter

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) July 9, 1882

8. AGE: Years 64 Months 4 Days 26 If less than one day hrs. min.

9. Birthplace Cabert Co., MD
(Town, county, and state)

10. Usual occupation Home

11. Industry or business

12. Name ? Fowler

13. Birthplace MD ?

14. Maiden name Susan ?

15. Birthplace MD

16. Informant George E. Minter

Address Bromus Island, MD

17. Burial Date thereof Dec. 8, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or Bromus Island

Location Bromus Island, MD

18. Funeral director A. A. Harkness & Son

Address Mutual, MD

19. 12-7 19 46 N. W. Edward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5, 1946, at 11:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 19 45 to Dec. 19 46

and that I last saw him alive on Dec. 5 19 46

Immediate cause of death Pulmonary Tuberculosis

DURATION

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Antopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George E. Minter M. D. or other

Address Bromus Island Date signed 12/7/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 10 1946
BUREAU T & A

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 11899
 Reg. Dist. No. 501

1. PLACE OF DEATH:

County Calvert
 City or town Sussex, Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Calvert
 City or town Sussex
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 721
 (If rural, give LOCATION)
 2. (a) If veteran, name war 721

3. (a) FULL NAME

Emily Jane Pardee

3. (b) Social Security Number

422

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife James D. Pardee

6. (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1860

8. AGE: Years 86 Months 9 Days 5 If less than one day hrs. min.

9. Birthplace Calvert Co., Md
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Wesley Buckler

13. Birthplace Md

14. Maiden name Sarah

15. Birthplace Md

16. Informant Howard J. Pardee

Address Sussex, Md

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Dec. 3, 1946
 (month) (day) (year)
 Cemetery or crematory Middleham Chapel
 Location Sussex, Md

18. Funeral director A. D. Harkness & Son
 Address Mutual, Md

19. Dec 5th 1946 H. J. Pardee Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3, 1946 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death Myocardial Infarction

Due to Atherosclerotic Hypertension

Due to C.V. Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. J. Pardee M. D. or other 12/5/46
 Address Sussex, Md Date signed

RECEIVED

DEC 10 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 136

CERTIFICATE OF DEATH

11900 87
Reg. Diat. No. 510

1. PLACE OF DEATH:

County Calvert
City or town Sunderland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert
City or town Sunderland
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war.

3. (a) FULL NAME

Joseph W. Smith.

3. (b) Social Security Number

4. Sex M. 5. Color or race C. 6. (a) Single, married, widowed, or divorced X

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 26, 1919. 6. (c) If alive, give age years

8. AGE: Years 26 Months 5 Days If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Zed Smith

13. Birthplace md.

MOTHER 14. Maiden name Mary Keener

15. Birthplace md.

16. Informant Zed Smith

Address Sunderland

17. Burial Date thereof 1-2-47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory mt Hope

Location Calvert

18. Funeral director P.E. Sewell

Address Prince Frederick, md.

19. 12-31-46 N.W. Wilson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12, 31, 1946 at 1:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 9, 1944 to Dec 31, 1946 and that I last saw him live on 19

Immediate cause of death Neurolysis Pulmonary Thrombosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Page Jett M. D. or other

Address Prince Frederick Date signed 2/2/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 3 1947

BUREAU OF

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Evidence for the addition of
birth date is shown on
G 108 1/7/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1770

CERTIFICATE OF DEATH

11901

28

Reg. Dist. No. 522

1. PLACE OF DEATH:

County Calvert
City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:

Prince Frederick Hos.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County CalvertCity or town West Beach
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Lester V. Wadsworth

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

8. (b) Name of husband or wife

Muriel J. Wadsworth

7. Birth date of

deceased (mo., day, yr.)

September 8, 1875

8. AGE:

Years

71

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Big Rapids, Mich.
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Wm J. Wadsworth

13. Birthplace

Mich.

14. Maiden name

Delia Jay

15. Birthplace

Mich.16. Informant Beatrice CaporattiAddress West Beach17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Dec 1946
(month) (day) (year)

Cemetery or crematory

Newaygo CemeteryNewaygo, Mich.

Location

John Kelly

18. Funeral director

Address Newaygo, Mich.19. Dec 10

(Date rec'd by registrar)

19. 46

19. 46

Grace L. HutchinsGrace L. Hutchins

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1946 at 22 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 8 1946 to Dec 9 1946and that I last saw him alive on Dec 8 1946

Immediate cause of death

Acute Corneal Failure

DURATION

Due to

Penetrating ulcer ofstomach

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

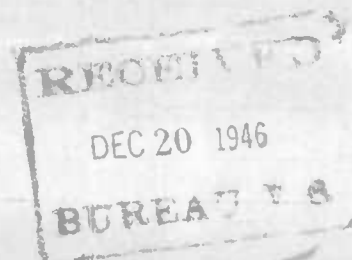
Injured at work?

23. SIGNATURE

Grace L. Hutchins

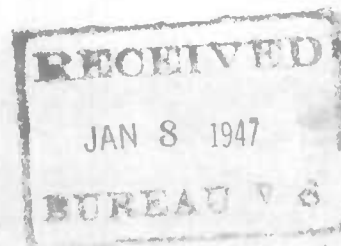
M. D. or other

Address Prince Frederick Date signed 12/19/46



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (934)

CERTIFICATE OF DEATH

11903

Reg. Dist. No. 522

1. PLACE OF DEATH:

County CalvertCity or town Paris

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County CalvertCity or town Paris

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME

James Arthur Wills

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Priscilla Wills6. (c) If alive, give age 60 years7. Birth date of deceased (mo., day, yr.) July 28 18838. AGE: 63 Years 4 Months 23 Days hrs. min.9. Birthplace A. A. Co. Md.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Francis Wills13. Birthplace A. A. Co. Md.14. Maiden name Lavinia Ethel15. Birthplace Md.16. Informant Priscilla WillsAddress Paris, Calvert Co.17. Buried Date thereof Dec 24/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory FriendshipLocation Friendship18. Funeral director T. A. Hardisty & SonAddress Galesville Md.19. Dec 23 19 46

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1946 at 5 17 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 1945 to Dec 21 1946and that I last saw him alive on 19Immediate cause of death Congestive heart failureDue to Hypertension C.V. disease

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

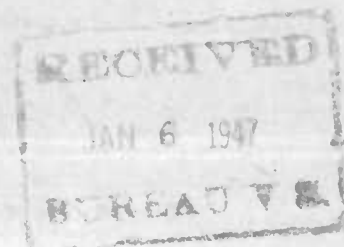
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Grace L. HitehinsAddress Paris, Calvert Co.Date signed Dec 23 1946

M. D. or other



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2- 570 — 2-10